



## Key/Access Authorization Request Form

**PLEASE SEND ALL KEY/ACCESS REQUEST TO  
BADGEACCESS@UNTHSC.EDU**



REQUEST TYPE (Please Specify):		KEY <input type="checkbox"/>	ACCESS <input type="checkbox"/>
REQUEST DATE: _____		EMPLOYEE <input type="checkbox"/>	STUDENT <input type="checkbox"/>
EMPLOYEE NAME: _____		DEPARTMENT: _____	
EMPLOYEE ID# _____	EMAIL: _____	EXT. NUMBER: _____	
KEYS REQUESTED / ACCESS		<b>AFTER HOURS ACCESS (24/7 Standard)</b>	
1. BUILDING: _____		ROOM(S): _____	
2. BUILDING: _____		ROOM(S): _____	
3. OTHER/ADDITIONAL LOCATION(S): _____			
DEPARTMENT MASTER:		YES <input type="radio"/>	NO <input type="radio"/>
		ACCESS CARD NUMBER: _____	
SPECIAL KEYS* (Keys off Master system) LOCATION: _____ OTHER/ADDITIONAL LOCATION(S): _____			
_____ Employee Signature		_____ Department Head Signature	
_____ Printed Name		_____ Printed Name	
		Phone Ext. _____	
<small>*Keys/Cards off the Master System may not be issued to a person other than one employed by the controlling department except as provided by the current written controlled access policy.</small>			
<b>CONTROLLING DEPARTMENT (PLEASE OBTAIN SIGNATURE BEFORE SUBMITTING)</b> <b>(If Different Than Requesting Department):</b>			
_____ Printed Name		_____ Signature	Phone Ext. _____
<b>REQUEST REQUIRING VICE PRESIDENT APPROVAL (PLEASE OBTAIN SIGNATURE BEFORE SUBMITTING)</b> <small>Grand Master keys, Building Master keys require approval of the vice president</small>			
_____ Printed Name		_____ Signature	Phone Ext. _____
<b>LOCKSMITH USE ONLY</b> Key Numbers: _____			
		DATE COMPLETED: _____ LOCKSMITH: _____	
<b>POLICE DEPARTMENT USE ONLY</b>		Date Activated: _____ Activated By: _____	
<b>KEYS PICKED UP:</b>			

\*\*\* ALL KEYS ARE THE PROPERTY OF UNTHSC AND MUST BE RETURNED TO  
THE POLICE DEPARTMENT WHEN NO LONGER NEEDED \*\*\*